

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

THE 9

ADDRESS (number and street)

81 PROSPECT STREET

Check if different
than previously
reported. (ACC)

BROOKLYN

NY

11201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00760116

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Shaw, Jeremy, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Shaw, Jeremy, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

THE 9

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2021</div></div>		<div><div></div><div>415900.74</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>415900.74</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>114048.00</div></div>	<div><div></div><div>114048.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>529948.74</div></div>	<div><div></div><div>529948.74</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>194075.20</div></div>	<div><div></div><div>194075.20</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>335873.54</div></div>	<div><div></div><div>335873.54</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

THE 9

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01		01		2021

To:

M M	/	D D	/	Y Y Y Y
06		30		2021

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7253.00

7253.00

(ii) Unitemized

3932.00

3932.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

11185.00

11185.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

102863.00

102863.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

114048.00

114048.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

114048.00

114048.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

114048.00

114048.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	94075.20	94075.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	94075.20	94075.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	100000.00	100000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	194075.20	194075.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	194075.20	194075.20

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	114048.00	114048.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	114048.00	114048.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	94075.20	94075.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	94075.20	94075.20

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5 HCB

Form/Schedule: F3XN

Transaction ID :

The unitemized contributions disclosed on line 11(a) are from contributors whose aggregate contributions for the calendar year totaled less than \$200 at the close of the reporting period. If the contributor does not provide such information (whether or not the contribution was solicited), the committee's staff initiates a request for the required information upon the receipt of the contribution of \$200 or more, or upon learning that the contributor's aggregate contributions during the calendar year exceed \$200. Such requests clearly ask for the missing information and do not include a solicitation for further contributions. Any updated information is included in the committee's next filing with the FEC.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

THE 9

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jacobson, Oren, , ,

Mailing Address

City
Northbrook

State
IL

Zip Code
60062

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2021

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jones, Chad, , ,

Mailing Address

City
Kamuela

State
HI

Zip Code
96743

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2021

Transaction ID : SA11AI.4572

Amount of Each Receipt this Period

1003.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Lindberg, Kathleen, , ,

Mailing Address

City
Seattle

State
WA

Zip Code
98117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2021

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1753.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 19
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE 9

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stiefel, Barbara, , ,

Mailing Address

City

Coral Gables

State

FL

Zip Code

33114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2021

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tertulien, Alexandra, , ,

Mailing Address

City

Miami

State

FL

Zip Code

33180

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2021

Transaction ID : SA11AI.4559

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

5500.00

TOTAL This Period (last page this line number only)..... ►

7253.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 19

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE 9

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Working Families Party Independant Expendature Committee

Mailing Address 77 Sands Street

City

Brooklyn

State

NY

Zip Code

11021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2021

Transaction ID : SA11C.4616

Amount of Each Receipt this Period

100000.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Working Families Party Independant Expendature Committee

Mailing Address 77 Sands Street

City

Brooklyn

State

NY

Zip Code

11021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

102863.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2021

Transaction ID : SA11C.4615

Amount of Each Receipt this Period

2863.00

☐ Memo Item
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102863.00

102863.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Agnew, Philip, , ,

Mailing Address 280 NW 46th Street

City
MiamiState
FLZip Code
33127Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4605**

Amount of Each Disbursement this Period

6021.89

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Agnew, Philip, , ,

Mailing Address 280 NW 46th Street

City
MiamiState
FLZip Code
33127Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4593**

Amount of Each Disbursement this Period

5811.61

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Brooks, Trenton, , ,

Mailing Address 4817 Country Club View

City
BaytownState
TXZip Code
77521Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4606**

Amount of Each Disbursement this Period

4113.42

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Brooks, Trenton, , ,

Mailing Address 4817 Country Club View

City
BaytownState
TXZip Code
77521Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2021					

FEC Identification Number

C**Transaction ID : SB21B.4594**

Amount of Each Disbursement this Period

3969.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Community Labor Administrative Services, Inc.

Mailing Address 81 Prospect Street

City
BrooklynState
NYZip Code
11201Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
04				27				2021					

FEC Identification Number

C**Transaction ID : SB21B.4591**

Amount of Each Disbursement this Period

44440.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Community Labor Administrative Services, Inc.

Mailing Address 81 Prospect Street

City
BrooklynState
NYZip Code
11201Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
04				27				2021					

FEC Identification Number

C**Transaction ID : SB21B.4603**

Amount of Each Disbursement this Period

46048.27

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

90488.56

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Federal Election Commission

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	7			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4620**

Amount of Each Disbursement this Period

2863.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gibson, Sloan, , ,

Mailing Address 20232 Tracey St.

City

Detroit

State

MI

Zip Code

48235

Purpose of Disbursement

Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4607**

Amount of Each Disbursement this Period

3613.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Gibson, Sloan, , ,

Mailing Address 20232 Tracey St.

City

Detroit

State

MI

Zip Code

48235

Purpose of Disbursement

Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4595**

Amount of Each Disbursement this Period

3486.96

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2863.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Jackson, Christopher, , ,

Mailing Address 2541 Dumaine Street

City
New Orleans

State
LA

Zip Code
70119

Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2021

FEC Identification Number

C Transaction ID : SB21B.4608

Amount of Each Disbursement this Period

4113.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Christopher, , ,

Mailing Address 2541 Dumaine Street

City
New Orleans

State
LA

Zip Code
70119

Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C Transaction ID : SB21B.4596

Amount of Each Disbursement this Period

3969.78

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Martin, Lanisha, , ,

Mailing Address 2847 N. 51st St.

City
Milwaukee

State
WI

Zip Code
53210

Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2021

FEC Identification Number

C Transaction ID : SB21B.4609

Amount of Each Disbursement this Period

3613.13

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Martin, Lanisha, , ,

Mailing Address 2847 N. 51st St.

City
MilwaukeeState
WIZip Code
53210Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2021			

FEC Identification Number

C**Transaction ID : SB21B.4597**

Amount of Each Disbursement this Period

3486.96

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Paragon Solutions

Mailing Address 5102 21st Street

City
Long Island CityState
NYZip Code
11101Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2021			

FEC Identification Number

C**Transaction ID : SB21B.4621**

Amount of Each Disbursement this Period

85.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paragon Solutions

Mailing Address 5102 21st Street

City
Long Island CityState
NYZip Code
11101Purpose of Disbursement
Merchant Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			02			2021			

FEC Identification Number

C**Transaction ID : SB21B.4622**

Amount of Each Disbursement this Period

365.93

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

451.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Pearson, Che, , ,

Mailing Address 15331 Railroad Drive

City
Miami GardensState
FLZip Code
33054Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4610**

Amount of Each Disbursement this Period

3307.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Pearson, Che, , ,

Mailing Address 15331 Railroad Drive

City
Miami GardensState
FLZip Code
33054Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4598**

Amount of Each Disbursement this Period

3191.92

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Shaw, Jeremy, , ,

Mailing Address 301 SW 1st Ave

City
Fort LauderdaleState
FLZip Code
33311Purpose of Disbursement
Staff compensation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB21B.4604**

Amount of Each Disbursement this Period

3871.21

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 19

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Shaw, Jeremy, , ,

Mailing Address 301 SW 1st Ave

City
Fort Lauderdale

State
FL

Zip Code
33311

Purpose of Disbursement
Staff compensation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B.4592

Amount of Each Disbursement this Period

3736.03

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Ufot, Edima, , ,

Mailing Address 55 Springside Drive

City
Atlanta

State
GA

Zip Code
30354

Purpose of Disbursement
Staff compensation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2021

FEC Identification Number

C

Transaction ID : SB21B.4611

Amount of Each Disbursement this Period

4113.42

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Ufot, Edima, , ,

Mailing Address 55 Springside Drive

City
Atlanta

State
GA

Zip Code
30354

Purpose of Disbursement
Staff compensation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

FEC Identification Number

C

Transaction ID : SB21B.4599

Amount of Each Disbursement this Period

3969.78

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Vincent, Joshua, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	2	1		

Mailing Address 10 Faxon Ave
Apt. 818City
QuincyState
MAZip Code
02169Purpose of Disbursement
Staff compensation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.4612**

Amount of Each Disbursement this Period

6193.94

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Vincent, Joshua, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	1		

Mailing Address 10 Faxon Ave
Apt. 818City
QuincyState
MAZip Code
02169Purpose of Disbursement
Staff compensation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.4600**

Amount of Each Disbursement this Period

5977.65

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. White, William, , ,

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			3	0			2	0	2	1		

Mailing Address 1046 Lady Nashville Drive

City
HermitageState
TNZip Code
37076Purpose of Disbursement
Staff compensation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.4613**

Amount of Each Disbursement this Period

3779.89

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. White, William, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Mailing Address 1046 Lady Nashville Drive

City
HermitageState
TNZip Code
37076Purpose of Disbursement
Staff compensation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.4601**

Amount of Each Disbursement this Period

3647.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Wright, Corey, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2021

Mailing Address 9720 Corregidor Drive

City
St. LouisState
MOZip Code
63134Purpose of Disbursement
Staff compensation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.4614**

Amount of Each Disbursement this Period

3307.41

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Wright, Corey, , ,

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2021

Mailing Address 9720 Corregidor Drive

City
St. LouisState
MOZip Code
63134Purpose of Disbursement
Staff compensation

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B.4602**

Amount of Each Disbursement this Period

3191.92

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

93802.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE 9

Full Name (Last, First, Middle Initial)

A. Working Families Organization, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		18		2021

Mailing Address 81 PROSPECT STREET

City
BROOKLYNState
NYZip Code
11201Purpose of Disbursement
Contribution

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB29.4623

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

100000.00

TOTAL This Period (last page this line number only).....▶

100000.00